

# Maryland Health Enterprise Zone Employer Hiring Tax Credit Application for Preliminary Certification

## 1. Information about the Applicant:

(a) Name of the Practice	(b) Type of Entity	
(c) Facility Address  _____		
(d) FEIN	(e) UI Number	(f) Medicaid Provider Number (NPI)

## 2. Eligibility

(a) Demonstrates Cultural, Linguistic, and Health Literacy Competency (Attach required documents- see Appendix A)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Accepts and provides care for patients enrolled in the Maryland Medical Assistance Program and for uninsured patients (see Appendix B)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Provides one of the following services: 1. Primary Care, including obstetrics, gynecological services, pediatric services, or geriatric services 2. Behavioral Health services, including mental health or alcohol and substance abuse services; or 3. Dental Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Letter of Support Provided by Health Enterprise Zone (Attach letter of support)	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 3. Hiring Project Information

Year					Total
(a) Qualified Positions per Year					
(b) Aggregate Annual Wages (\$)					
(c) All projected jobs are full-time positions:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
(d) All projected jobs pay at least 150% of Federal Minimum Wage:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
(e) All projected jobs are newly created in a Health Enterprise Zone:	Yes <input type="checkbox"/> No <input type="checkbox"/>				

## 4. Tax Credit Information

(a) Tax Year (Indicate the first tax year for which you claim a credit)  TY _____	(b) Estimated Tax Credit Amount (Total qualified positions multiplied by \$5,000)  \$ _____ (first year)      \$ _____ (second year)
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## 5. Description of the Health Enterprise Zone Practice Site

Name of Primary Practice Location			
Facility Address			
Type of Practice <input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other

Name of Practice Location			
Practice Address			
Type of Practice <input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other
Name of Practice Location			
Practice Address			
Type of Practice <input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Health Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other

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**Collection of Personal Information:** In accordance with Executive Order 01.01.1983.18, the Department of Health and Mental Hygiene ("DHMH") advises you as follows: Certain personal information requested by the Department is necessary in determining your eligibility. Failure to disclose this information may result in the denial of one of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department and other public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

**Publicity:** The applicant agrees that DHMH may issue press releases and otherwise publicize information about the applicant's employment levels before and after its qualification for the Maryland Health Enterprise Zone Health Care Practitioner Personal Income Tax Credit.

**Employment and Wage Data:** Periodically the Office of Labor Market Analysis and Information of the Maryland Department of Labor, Licensing and Regulation ("DLLR"), in cooperation with the U. S. Department of Labor, Bureau of Labor Statistics ("BLS"), collects employment and wage data from you and other employers who conduct business in the State of Maryland. This information, collected on the Multiple Worksite Report (BLS 3020) and the Annual Refiling Survey (BLS 3023), is kept confidential and may only be used by DHMH with your written consent. DHMH is requesting disclosure of this information in order to evaluate the effectiveness of DHMH economic development programs and their impact on your company's employment level.

**Consent:** I give consent to DLLR to release the information that our company provides on the BLS 3023 form and the BLS 3020 form to DHMH, solely for the purpose of evaluating the effectiveness of the DHMH economic development programs and their impact on our company's employment level.

**Verification and Attestation:** I declare under the penalties of perjury, pursuant to Sec. 1-203 of the Tax-General Article, Annotate Code of Maryland, that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true, correct and complete. I understand that the Department may request at a later date additional information to verify the statements reported on this form, and that independent verifications of the information reported may be made. Further, I hereby authorize the Social Security Administration, the Comptroller of the Treasury, and Internal Revenue Service to release to the Department of Health and Mental Hygiene any and all information concerning the income or benefits received.

_____	By: _____
Date	Officer Signature
Phone: _____	_____
	Name (Print) and Title
Email: _____	_____
	Business Name

Whom to contact for further information:	
Name (Print):	Title:
Phone:	Email:

Please return this application form to:

Roxanne Hale, Director OPCA  
Maryland Department of Health and Mental Hygiene  
Health Systems and Infrastructure Administration  
201 W. Preston Street  
Baltimore, Maryland 21202

**Maryland Health Enterprise Zone  
Employer Hiring Tax Credit  
Instruction for Preliminary Application**

Below are instructions for filling out the Maryland Health Enterprise Zone Employer Hiring Tax Credit Application for Preliminary Certification. Please make sure all information entered in an application is legible to minimize errors in processing your certificate of eligibility.

**1. Information about the Applicant: Provide the following information**

- (a) Name of the practice
- (b) Type of entity (a corporation, business trust, partnership, limited liability company, association, etc.)
- (c) Facility address
- (d) Federal Employer Identification Number (FEIN)
- (e) Unemployment Insurance Number (UI Number)
- (f) Medicaid Provider Number (NPI)

**2. Eligibility:**

- (a) Verify the ability to demonstrate cultural, linguistic, and health literacy competencies
  - 1. *Complete and Attach Appendix A- Cultural, Linguistic, and Health Literacy Requirement*
- (b) Verify that you accept and provide care for patients enrolled in Maryland Medical Assistance Program and for uninsured patients
- (c) Verify that you are providing primary care, behavioral health or dental services
- (d) Verify that you have received a letter of support from the Health Enterprise Zone
  - 1. *Attach Letter of Support Provided by the HEZ*

**3. Hiring Project Information:**

- (a) In the chart, provide the number of “qualified positions” the qualified employer projects to create at the facility or facilities
- (b) In the chart, provide the annual wages of those positions and the year in which they will be created
- (c) Verify that all projected jobs are full-time positions
- (d) Verify that all projected jobs pay at least 150% of Federal Minimum Wage
- (e) Verify that all projected jobs are newly created as a result of establishment or expansion of services in a Health Enterprise Zone

*To verify the above requirements please complete the following form:*

- 1. *Appendix B- Qualified Position Information Form*

**4. Tax Credit Information: Provide the following information**

- (a) Tax Year that the applicant claims the tax credit first time
- (b) Estimated tax credit amounts for the first year and the second year. (Total number of qualified position(s) multiplied by \$5,000)

**5. Description of the Health Enterprise Zone Practice Site:**

Please provide information about your practice locations (name(s) of practice(s), facility addresses).

Please contact Roxanne Hale at 410-767-8649 or [Roxanne.hale@maryland.gov](mailto:Roxanne.hale@maryland.gov) with any questions.

## **Appendix A- Cultural, Linguistic and Health Literacy Requirement Form**

### **Cultural, Linguistic, and Health Literacy Requirement**

Health Enterprise Zones (HEZs) are designed to reduce health disparities among Maryland's racial and ethnic groups and between geographic areas, improve health care access and health outcomes, and reduce health care costs by providing a variety of incentives to defined geographic areas with high rates of disparities. To be eligible for Tax Credits, hiring entities must demonstrate cultural, linguistic, and health literacy competency. The Department is requiring that the provider or hiring entity fulfill this requirement by partaking in some fundamental cultural competency activities.

### **Instructions for Fulfilling Tax Credit Cultural Competency Requirements**

To fulfill this cultural competency requirement, Hiring Entities are required to conduct an organizational assessment and participate in technical assistance activities related to cultural, linguistic, and health literacy competency.

**For Hiring Entities:** Hiring Entities will complete an organizational assessment tool to evaluate their current integration of National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by HHS. For additional information and guidance on organizational cultural competence, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at:

[https://www.thinkculturalhealth.hhs.gov/GUIs/GUI\\_TCHRegister.asp?mode=new&clas=yes](https://www.thinkculturalhealth.hhs.gov/GUIs/GUI_TCHRegister.asp?mode=new&clas=yes). DHMH will assist Sites in identifying technical assistance resources to help advance the Sites' implementation of the CLAS standards. The organization assessment questionnaire must be submitted to DHMH before applying for their Final Certificate of Eligibility. **Please go to <https://www.surveymonkey.com/s/G9GS6PX> to complete the organizational assessment.**

For more information on training resources, please refer to the Maryland Cultural Competency Technical Assistance Resource Kit published by the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities and available online at: <http://dhmh.maryland.gov/mhhd/SitePages/cultural-competency-trainings.aspx>.

**Attestation:** I declare that I understand fulfillment of the cultural competency requirements, as provided here and in the final tax credit application, is a requirement to be eligible to receive the final tax credit

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Signature of Hiring Entity Official/Printed Name

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Date

**Appendix B- Qualified Position Information Form**  
Please fill out one form for EACH proposed “qualified position”

**Qualified Employee Information**

1. Brief Description of the Position:

\_\_\_\_\_

2. What type of qualified employee is needed for this position?

☐ HEZ Practitioner\*    Type: \_\_\_\_\_

☐ Interpreter

☐ Community Health Worker

3. What is the salary or hourly wage for this position? \_\_\_\_\_

4. Is this a full-time position (average workweek of 35 hours per week)?    Yes ☐    No ☐

5. Is this position currently filled?    Yes ☐    No ☐

    If yes, when was it filled? Date: \_\_\_\_\_

    If no, when do you anticipate this position will be filled? \_\_\_\_\_

6. Please list the addresses where the qualified employee works:

    Address 1:    \_\_\_\_\_

    Address 2:    \_\_\_\_\_

    Address 3:    \_\_\_\_\_

7. Was this position created as a result of the establishment or expansion of services in a Health Enterprise Zone?    Yes ☐    No ☐

8. Does the qualified employee provide direct support to an HEZ practitioner?    Yes ☐    No ☐

9. Please explain how the qualified employee will expand access to services in the Health Enterprise Zone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*An HEZ practitioner means a health care practitioner who is licensed or certified under the Health Occupations Article and who provides:- Primary care, including obstetrics, gynecological services, pediatric services, or geriatric services,  
- Behavioral health services, including mental health or alcohol and substance abuse services or;  
- Dental Services